



King County

Mental Health, Chemical Abuse and Dependency Services Division

Department of
Community and Human Services

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King County Mental Health Advisory Board (MHAB)

Regular Meeting

February 10, 2015

Members Present: Nancy Dow, Alicia Glenwell, Veronica Kavenagh, Toni Krupski, Katelyn Morgaine, Allen Panitch, Heather Spielvogle.

Members Absent: Lauren Davis (excused), John Holecek (excused), Kristen Houser, Maria Davis (excused)

Guests Present: Joan Clement, King County Alcoholism and Substance Abuse Administrative Board (KCASAAB), Kristina Sawychy-Moreland, Daniel Nelson, Jeanne Slonocker (Mental Health Ombudsman Service), Robie Flannagan (Peer Bridger – Harborview Medical Center.)

Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) Staff Present: Jean Robertson, Susan McLaughlin, Heather Whitten.

I. Welcome and Introductions

Heather Spielvogle, vice-chair, convened the meeting at 4:40 pm, in the Chinook Building, 401 5th Avenue, Seattle, Conference Room 126. Members we welcomed and introductions we made by each member. A quorum was present for the meeting.

II. Minutes – Heather Spielvogle

January 13th minutes: The January meeting minutes approval was deferred due to member questions and lack of review; issue to be revisited.

November 25th minutes: These minutes were reviewed and approved.

III. Integration – Susan McLaughlin (Health Integrations Manager) General Overview

The state legislature passed ESSB 6312 in 2014, which calls for the development of Regional Service Areas (RSA), which will align how mental health, medical, and substance abuse services are purchased as a unit within the service areas as of

April 1, 2016. The state website features a map depicting the nine RSAs. The bill also calls for the integrated purchasing of treatment services through a managed care system called a Behavioral Health Organization (BHO) by April of 2016. This moves the chemical dependency treatment services from the current fee-for-service model into a managed care, capitated payment model which is the model the RSNs have operated under since the mid 1990s. Mental health and substance abuse services will be contracted for in a single contact to BHOs. Once the combination of services has been achieved, the State will move to integrate medical services as well with a January 2020 deadline. RSAs who wish to can choose to be early adopters, which will integrate behavioral health into the managed care organizations with a single purchasing arrangement by April 2016. Those counties that become early adopters will be eligible to receive 10 percent of any savings incurred. Only two regions are considering becoming early adopters. They are the SW Region (Clark, Klickitat, and Skamania Counties) and King County.

Questions/Answers:

- Q) Can providers cross over regional lines and work in multiple regions?
A) Yes, each BHO is responsible for their regional provider networks.
- Q) The RSNs are turning into BHOs, the chemical dependency services are blending with mental health services, and both will be changing to a capitated payment system in April 2016: is that correct?
A) Yes that is correct.
- Q) Will the Mental Health Advisory Board also be combined with the Alcohol and Substance Abuse Administrative Board?
A) Yes, the State will require each BHO to have a single integrated Behavioral Health Advisory Board by contract.
- Q) How will physical health be integrated into the system? And why are the services separate at present?
A) The services were separated because of financial methods called Carve In and Carve Out, which controls the use of funding for services.
- Carve In allows a health plan/managed care organization to utilize all the funds available for a wide selection of services.
 - Carve Out separates the services into selected areas such as mental health, physical care and substance abuse services, such as in Washington State.
- Q) Are the BHO providers going to be the same as the current RSN providers?
A) The BHO providers will be all of the current RSN providers along with additional providers that at this time deal directly with the State. The County is always open to adding providers to enrich their network.
- Q) Will the clients experience anything different in service, and how will it affect staff at the providers?
A) On the MH side there should be no large changes. On the CD side there will be some changes with how certain services are offered and how the agencies will bill for those services, along with more intensive case reviews. There will be

only one “color of money” to treat the whole person in a holistic approach, he siloed funding we currently experience.

Q) Will the holistic assessment approach include children?

A) Yes, kids are definitely part of the plan. While there is no concrete plan yet, there will be special attention paid to children’s needs. The State will be deciding which evaluation tools will be utilized as this is a starting point, not yet the finished process. Susan suggests the concept of “progress, not perfection.” The County has an internal work group called CD Provider Readiness which is working to assist and ensure that current providers are up to speed with the data requirements to be implemented in 2016.

Q) Is there a timeline and plan in place for the board merger?

A) Yes, Susan will review that issue shortly.

Board Integration:

*Refer to handout

The State, by contract, will require each BHO to have a Behavioral Health Advisory Board (BHAB) to begin meeting by April 2016. Susan requested the MHAB work together with the Alcohol and Substance Abuse Administrative Board (ASAAB) to blend both the strengths and expertise of both boards into a BHAB by the April 2016 deadline. The proposed “path forward” heading shows a timetable for bi-monthly blended board meeting planning dates along with items for development and review.

Questions/Answers:

Q) What will be the size of the combined Board?

A) The size has not been decided at this time and will fall under Division of Behavioral Health and Recovery (DBHR) guidelines. The County code suggests 17 members.

Q) How is the DBHR developing their requirements for the new Board?

A) This was in the beginning stages of review at last month’s State meeting; the requirements found in RCW 71.21.300 and 70.96A have been reviewed in order to develop to guidelines for the eventual 2016 contract.

Q) What type of board will the DBHR require of the County?

A) Definitions:

- Administrative Board – makes financial decisions and legislative recommendations concerning topics recommended by other boards and interested parties. Membership is strictly reviewed for non-partisanship.
- Advisory Board – makes recommendations to administrative boards and others concerning topics of interest.

Jean mentions that the current statute has not distinguished what type of Board is required.

Q) Will State personnel select the members of the new BHAB?

- A) No. The Board will be selected locally through the input of the current memberships. A group will be selected to review the new Board membership and that group will need to be chosen shortly.
- Q) What time will the joint meetings be held at?
- A) The first meeting will be held at the current Board meeting time, with subsequent meeting times as yet to be determined. Jean suggests that usually times are swapped back and forth between the Board's normally scheduled times, but that may prove problematic with this Board's schedule.
- Q) Who will facilitate these meetings?
- A) Susan will be the facilitator for a large part of the process and will bring in support as required to keep the Boards on their proposed timetables.

General Thoughts: The Board requires additional time to discuss the questions and issues and review the decisions required from them. The DBHR will provide the skeleton and the Boards will need to provide the flesh for the new combined BHAB.

IV. Chairperson's Report – Heather Spielvogle **Announcements:**

- March meeting moved to March 24th so that Molina staff can attend. The May meeting date will be kept as a reserve date.
- By-Laws Discussion: Toni suggests that the membership of the Mental Health Board and the Alcohol and Substance Abuse Administrative Board review the by-laws as a place to launch the integration of the boards. This issue will be added to the next agenda and an email will be sent to the membership for review which will include the current MHAB by-laws, any proposed MHAB revisions, and the ASAAB by-laws.
- Maria Davis leaving the Board: Maria moved to Oregon and will be missed by the Board members.
- Non-Members Inspirations
 - Kristina Sawycky – Interested in finding services and providers who recognize Native American needs along with the needs of children with co-occurring mental health issues.
 - Robie Flannagan – The enthusiasm for expansion of services for clients with co-occurring disorders. These patients cannot simply visit a residential treatment facility due to the nature of the disorders they suffer with. This is very encouraging news for treatment providers and patients as well.
- Dan Nelson, Seattle Police Department (SPD) – He is the new SPD Crisis Intervention Team Coordinator. SPD is attempting to reinvigorate support to the community mental health organizations, hospitals, and other available programs. His new email address is: spd_cit_coordinator@seattle.gov. SPD assistance is also available for staff trainings, criminal justice questions, and other issues. Jean mentions that one of the Board's requirements is to have a

law enforcement representative on the Board if one is available and welcomed Dan as a potential board member.

V. Committee Reports

Legislative Advocacy and Public Affairs Committee – Toni Krupski

- (Jean will cover legislative points in the staff meeting report.)

Recovery Advisory Committee (RAC) is once again meeting. The last meeting was a touch-base between members. The committee is encouraging new membership. Please contact Terry Crain at 206-263-8980 or terry.crain@kingcounty.gov for more meeting or membership info.

Membership Committee - Alicia Glenwell

Kathy Obermeyer's membership will be reviewed at the end of the meeting. Integration may change the standards and requirements for Board membership. There will be much work to be done when both Boards integrate and begin to review their new member's applications.

VI. Staff Report – Jean Robertson

Many bills have been introduced during this legislative session. There are a number of bills that will modify the Involuntary Treatment Act (ITA)

- SHB 1713 Summary: Implementation of integrated MH and SUD involuntary treatment with secure involuntary detox facilities. Joan mentioned the enormous expense involved.
- EHB 1258 (2SSB 5269) Summary: Allows clients' families to petition the court to review ITA decisions made by the DMHPs: problems with implementation; this bill would substantially increase the workload pressure on the DMHPs and the courts and have a large fiscal note.
- SSB 5311 (SHB 1348) Summary: Requires the Criminal Justice Training Commission (CJTC) to provide eight hours of crisis intervention training (CIT) to full-time law enforcement officers. This bill will have a large fiscal note involved.
- SHB 1448 (SB 5781) Summary: Adds procedures for law enforcement officers to respond to reports of suicide threats or attempts. An officer report must be created and forwarded to a DMHP within 48 hours. The DMHP must evaluate the client within 12 hours of receiving the report; this creates additional paperwork and workload on officers and DMHPs and also will have a large fiscal note.
- 2SHB 1450 (2SSB 5649) Summary: Creates the category of (Involuntary) Assisted Outpatient Treatment (AOT) in the non-emergency detention section of the ITA. This category applies to clients who have been hospitalized twice in the past three years, meet certain other conditions, and have been court ordered to

participate in outpatient treatment sessions. DMHPs could request this process for clients through the court. This bill does not yet have a fiscal note attached.

- SHB 1451 Summary: Civil Commitment - Adds new grounds for detention based on persistent and acute disability. Additional definitions added to the grounds for detention.
- SHB 1536 Summary: Addresses the DMHP statutory timeframe issues. Hospitals and King County support this bill.
- SHB 1553 Summary: Creates Certificates of Restoration of Opportunity (CROP) for clients who remain crime-free. Allows proof of recovery for clients, who then can obtain housing, jobs, and a fresh start. Low fiscal note attached to this bill.
- SHB 1151 Summary: A pilot project for respite for mental health caregivers. Not one of the bills MSCADSD has a focus on however there is a lot of parent interest. Jean to review the bill and legislative decisions. No fiscal note attached.

VII. Other Business

Statement of Financial Interests paperwork was reviewed and completed by members. Bryan Baird will review and contact members if required.

VIII. Board and Community Concerns

None

Membership Committee Review - Alicia Glenwell

Members review Kathy Obermeyer's membership request.

Closed Meeting – Board Members Only. Official membership vote to be held at next meeting.

Adjourn

Meeting was adjourned at 6:25pm by Heather.

Next Board Meeting:

Tuesday, March 24, 2015 from 4:30 - 6:30p.m., at the Chinook Building, Conference Room 126, 401 5th Avenue, Seattle.